

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:20 am, Jul 03, 2014

Complete this report at the time of	of the regular monthly preventive main	tananga ahaak (not to eygood 15			
days). Complete this report whenev	er the instrument is serviced or repar	ired and whenever it is nlaced			
into service. Retain the original	and send a copy within 15 days to the	Breath Alcohol Program, DHSS			
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION			
12697	Foristell Police Depart	07/01/2014			
LOCATION OF INSTRUMENT (STREET AND CITY	<u>-</u>	TIME OF INSPECTION			
30 First Street Foristell, Mo	63348	07:12 CDT			
	by each item if found to be satisfact				
established limits. (Write in obse	rved values where determined). Unmark	ted items must be corrected			
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK	X CO3 CHECK				
X FC 1 TEMP	X FLOW CHECK				
X SRC TEMP	X FCB CHECK				
X DET TEMP		NZ			
X BT TEMP	X CRC COMP CHEC				
l lumand	X CRC CAL CHECK				
X STD 2 TEMP	X PRINT TEST				
Х етн снеск					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION	X COMPRESSED ET	HANOL-GAS MIXTURE			
X STANDARD SUPPLIER Intox	LOT# AG326802	EXP. DATE 09/25/2015			
SIMULATOR TEMP (34°C +0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE			
	2,1				
TOTAL TODARTON OURSE CONT.					
harred,	STANDARD IS TO BE USED PER MAINT				
Run three tests using a standard solution. All three tests must be within ±5% of the standard value					
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)					
·					
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
	BETWEEN 0.078% AND 0.084% INCLUSI BETWEEN 0.038% AND 0.042% INCLUSI				
DO:044 SIMMDARD 5 MOSI READ	BEINERN 0.0384 AND 0.0424 INCLUSI	VE.			
TEST 1 ' 0.080 g/210L	TEST 2 ° 0.080 g/210L	TEST 3 19 0.080 g/210L			
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWING RANGES SINC	E THE LAST MAINTENANCE REPORT:			
REFUSALS 1 004 0	.0509 2 .1014 1	.1519 1 OVER .19 0			
SATISFACTORILY AND WITHIN ESTABLISHED LI	RATION OR KODIFICATION THAT WAS HADE TO RES MITS (USE OTHER SIDE IF NECESSARY).	TORE THE INSTRUMENT TO OPERATE			
Ω					
INSPECTING OFFICER					
SIGNATURE HER WHITEOUT	7(') PRINT FULL NAME D G Johnson				
TYPE II PERMIT HUMBER PERPIRAT	TON DATE TELEPHONE NUMBER				
	6/2015 (636)463-2123				
					
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services, Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901					



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

<u>Customer Name</u> Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 26-Sep-2013

Lot # AG326802

Exp. Date 25-Sep-2015

Cyl. Type

Component Ethanol

Nitrogen

Celtified Concentration 0.080 ± 0.002 BrAC (218 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.			• • •	
EB0010581		Concentration		
	-	391.8 ppm		
EB0010570		269.8 ppm		
EB0010285		209.0 ppm	•	
EB0010561		103.7 ppm		
EB0010681		roort bhttl		
		62:22 ppm		
		:		

EB0010603 EB0010659 EB0010696	Concentration 392.5 ppm 258,9 ppm 208,9 ppm 104.9 ppm 52.94 ppm
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Analytical Method:

NDIR

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DOUGLAS JOHNSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II for the determination of the alcoholic content of blood from a sample of expired air. Permit is sued under the provisions of sections577,020 through 577,041, RSMo and 306,111 through 306,119 RSMo. DATE: 11/26/2013 DIRECTOR OF STATE PUBLIC HEALTH CABORATORY

EXPIRES 11/26/2015

FIO 580-0771 (6-10)

_____,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

LAG-4 (86-10).

